

FAX RECEIVED

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PETITIONS OFFICE

PTO/SB/17 (2/98)

Approved for use through 9/30/2000, OMB 0851-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
 These are the fees effective October 1, 1997.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 650.00

Complete if Known

Application Number	08/928,074
Filing Date	7/25/00
First Named Inventor	John O'Brien
Examiner Name	Hayes, R.
Group / Art Unit	1647
Attorney Docket No.	24001

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee	Small Entity Fee
Code (1)	Code (1)

Fee Description

Fee Paid

Deposit Account Number
 Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.12 and 1.17
☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 780	201 395	Utility filing fee	
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	20**	X	
Multiple Dependent	3**	X	

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 82	209 41	** Reissue independent claims over original patent
110 22	210 11	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

105 130	205 65	Surcharge - filing fee or oath
127 60	227 25	Surcharge - late provisional filing fee or cover sheet
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
116 110	216 55	Extension for reply within first month
116 400	216 200	Extension for reply within second month
117 950	217 475	Extension for reply within third month
118 1,510	218 755	Extension for reply within fourth month
126 2,060	226 1,030	Extension for reply within fifth month
119 310	219 155	Notice of Appeal
120 310	220 155	Filing a brief in support of an appeal
121 270	221 135	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,320	241 660	Petition to revive - unintentional
142 1,320	242 660	Utility issue fee (or reissue)
143 450	243 225	Design issue fee
144 670	244 335	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Petitions related to provisional applications
126 240	126 240	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))
148 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 650.00

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	William C. Fuess	Reg. Number	30,054
Signature	<i>William C. Fuess</i>	Date	5/09/03
		Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Please type a plus sign (+) inside this box → **+**Approved for use through 8/30/00. OMB 0851-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/928,074
	Filing Date	09/11/97
	First Named Inventor	John O'Brien
	Group Art Unit	1647
	Examiner Name	Hayes, R.
Total Number of Pages in This Submission	Attorney Docket Number	24001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/68) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Petition to revive (unintentional) </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FUESS & DAVIDENAS
Signature	<i>William C. Fuess</i> 30,054
Date	5/08/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: fax (703)308-691			
Typed or printed name	Joseph Davidenas		
Signature	<i>Joseph Davidenas</i>	Date	5/09/03

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